

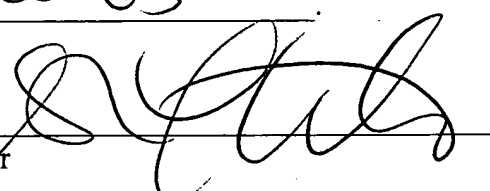


3629  
JFW

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 1-20-05  
  
\_\_\_\_\_  
Jeffrey R. Kuester

In Re Application of:

Frank, et al.

Serial No.: 09/750,001

Filed: December 29, 2000

Confirmation No.: 6605

Group Art Unit: 3629

Examiner: Ouellette, Jonathan P.

Docket No.: 190252-1220

For: **System and Method for Marketing, Managing and Maintaining Intellectual Property**

The following is a list of documents enclosed:

Return Postcard  
Petition for Extension of Time - 1 month  
Amendment Transmittal  
Fee Transmittal  
Credit Card Authorization - Authorizing \$120.00  
First Response with Amendments

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Customer No.: **38823**



**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **FRANK, ET AL.**

Docket No.

**190252-1220**Serial No.  
**09/750,001**Filing Date  
**December 29, 2000**Examiner  
**Ouellette, J. P.**Confirmation No.  
**6605**Group Art Unit  
**3629**Invention: **System and Method for Marketing, Managing and Maintaining Intellectual Property**

**Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is the First Response with Amendments and Petition for Extension of time (1 month) in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	51 -	52 =	0	X \$50.00	\$0
INDEP. CLAIMS	6 -	6 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00 (for 1 mo. EOT).
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367**  
\_\_\_\_\_  
Date